TW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

pplicant:

Terrence W. Schmidt et al.

Title:

VESSEL WITH A MULTI-MODE HULL

Serial No.:

10/712,786

Confirmation No.:

7807

Filing Date:

November 12, 2003

Examiner:

Olson, Lars A.

Group Art Unit:

3617

Attorney Docket No.:

1934-9-3

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 13th day of July, 2005.

Signature

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

The fee has been calculated as shown below:

X No additional claim fee is required.

Computation of Fee For Claims as Amended

Claims Remaining Number After Previously Present Addl. Amendment Paid for Extra Rate Fee Total Claims 19 Minus 0 = 0 x \$50/\$25 = \$-0- Independent Claims 3 Minus 0 = x \$200/\$100 = \$-0- Total additional fee for this amendment \$-0- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. ** If the "Highest Number Previously paid for" is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space. XX Replacement Drawings (8 sheets). Check No in the amount of \$ for the additional clafee is enclosed. Charge \$ to Deposit Account No A copy of sheet is enclosed. XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.									
Claims 19 Minus 0 = 0 x \$50/\$25 = \$-0- Independent Claims 3 Minus 0 = x \$200/\$100 = \$-0- Total additional fee for this amendment \$-0- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. ** If the "Highest Number Previously paid for" is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space. XX Replacement Drawings (8 sheets). Check No in the amount of \$ for the additional clafee is enclosed. Charge \$ to Deposit Account No A copy of sheet is enclosed. XX Please charge any additional fees or credit overpayment to Deposit		Remaining After		Number Previously				<u>Rate</u>	
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Respectfully submitted,

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